ORIGINAL

1344542

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
OMB Number:	3235-0076				
Expires:					
Estimated average	ge burden				
hours per respon	se16.00				

SEC USE ONLY								
Prefix	Serial							
DAT	E RECEIVED							
1	1							

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  ECC REGENCY, LLC		<u> </u>
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☐ uroe ( BECEIVED	ES.
Type of Filing: New Filing Amendment	C. MECHAND	
A. BASIC IDENTIFICATION DATA		C. II
Enter the information requested about the issuer	SED 3 8 A	intis >>
Name of Issuer (  check if this is an amendment and name has changed, and indicate change.)  ECC REGENCY, LLC	<b>***</b> 203 /	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number Including	Area Code)
122 NORTH HARBOR, #200 FULLERTON, CALIFORNIA 92832	714,449.0300	Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including	g Area Code)
Brief Description of Business	<u> </u>	
INVESTMENTS AND ACQUISITIONS	$\mathcal{M}$	PROCESSED
	<u> </u>	
Type of Business Organization    corporation	please specify):	OCT 0 3 2006
	TED LIABILITY COMPANY	.001
Month Year		THOMSON
Actual or Estimated Date of Incorporation or Organization: 0 9 0 D Actual Estim		FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)		
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D (77d(6).	or Section 4(6), 17 CFR 230.501 et	seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b which it is due, on the date it was mailed by United States registered or certified mail to that address.		
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.	
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.		y signed must be
Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously suppl not be filed with the SEC.		
Filing Fee: There is no federal filing fee.		
State:		
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each s r the exemption, a fee in the prop	tate where sales er amount shall
Follows to tile notice in the conversions atoms will not receive a loss of the federal as	romation Conversals faller	a to file the
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	•	

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

#### A. BASIC IDENTIFICATION DATA-Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) PETERS, DAVID A. Business or Residence Address (Number and Street, City, State, Zip Code) 122 NORTH HARBOR #200 FULLERTON, CALIFORNIA Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) HURST, PAUL Business or Residence Address (Number and Street, City, State, Zip Code) **FULLERTON, CALIFORNIA 92832** 122 NORTH HARBOR, #200 Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. 1	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	issuer sold	, or does th	he issuer i	ntend to se	ell, to non-a	ccredited i	nvestors ir	this offer	ing?		Yes	No <b>⊡</b>
			•			n Appendix				•		غسة	<b>E</b>
2.											s_100	0,000.00	
											Yes	No	
3.	Does the offering permit joint ownership of a single unit?												
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
		Last name f ENCY, LLC	īrst, if indi	ividual)									
		Residence	Address (N	umber and	Street, C	ity, State, 2	Lip Code)		<del></del>				
		HARBOR				ALIFORN	-						
		sociated Bro	oker or De	aler			<del></del>						
NO		nich Person	Listed Hee	Caliaitad	or Intonde	ta Caliait	Durchasses		·-····································				
Stati		"All States"								***************************************	••••••	☐ AI	i States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (	Last name f	irst, if indi	vidual)									
Busi	iness or	Residence	Address (N	lumber an	d Street, C	City, State,	Zip Code)				<del>-,</del> -		<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
Nam	ne of Ass	sociated Bro	oker or Dea	aler			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						·—————
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				······		
	(Check	"All States"	or check	individual	States)	*************	*******		*********	***************	••••••••••	☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full	Name (	Last name f	irst, if indi	vidual)							h. II.		
Busi	ness or	Residence	Address (N	Number an	d Street, C	City, State,	Zip Code)	, <u></u>					
Nam	e of Ass	sociated Bro	ker or Dea	aler						···, · · · · · · · · · · · · · · · · ·			
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States"	or check	individual	States)			***********		•••••		☐ Al	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	. \$	<u> </u>
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)	\$ 2,300,000.00	\$_0.00
	Total	<u>\$_2,300,000.00</u>	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	e	Accessor
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$_0.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$ 0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure in not known, furnish an estimate and check the box to the left of the estimate.	e	
	Transfer Agent's Fees	П	\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 15,000.00
	Accounting Fees	n	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
		لسا	\$ 15,000.00

C. OFFERING P	rice. Number of investors, expenses and us	e of proceeds	
and total expenses furnished in response	gregate offering price given in response to Part C — Questo Part C — Question 4.a. This difference is the "adjusted"	d gross	2,285,000.00 \$
each of the purposes shown. If the an check the box to the left of the estimate.	sted gross proceed to the issuer used or proposed to be us mount for any purpose is not known, furnish an estima . The total of the payments listed must equal the adjusted sonse to Part C — Question 4.b above.	ite and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees			_ [] \$
Purchase of real estate			_ 🗆 s
Purchase, rental or leasing and installa	ation of machinery		\$
	ings and facilities		
offering that may be used in exchange	ding the value of securities involved in this for the assets or securities of another		0( s 0.00
Repayment of indebtedness			_
Working capital	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ 35,000.00	\$0.00
Other (specify): REIMBURSEMENT	FOR OFFERING COSTS	\$_15,000.00	
		 	_ []\$
Column Totals		\$ 2,300,000.	0.00
Total Payments Listed (column totals a	added)		2,300,000.00
	D. FEDERAL SIGNATURE		
signature constitutes an undertaking by the i	igned by the undersigned duly authorized person. If this issuer to furnish to the U.S. Securities and Exchange Cany non-accredited investor pursuant to paragraph (b)(	ommission, upon writt	ule 505, the followir en request of its staf
Issuer (Print or Type)	Signature	Date	- h
ECC REGENCY, LLC	1/2 X	SEPTEMBER	<u>~</u>
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
DAVID A. PETERS	MANAGER		

## - ATTENTION ---

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
	See	Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to f D (17 CFR 239.500) at such times as require	furnish to any state administrator of any state in which this notice ${f i}$ and ${f j}$ are the following state ${f j}$ are the following state ${f j}$ and ${f j}$ are the following state ${f j}$ are the following state ${f j}$ and ${f j}$ are the following state ${f j}$ and ${f j}$ are the following state ${f j}$ are the following state ${f j}$ and ${f j}$ are the following state ${f j}$ and ${f j}$ are the following state ${f j}$ and ${f j}$ are the following state ${f j}$ and ${f j}$ are the following state ${f j}$ an	s filed a no	otice on Form				
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written request, inform	nation furr	nished by the				
4.	•	suer is familiar with the conditions that must be satisfied to be a tate in which this notice is filed and understands that the issuer calling that these conditions have been satisfied.						
	er has read this notification and knows the conte horized person,	ents to be true and has duly caused this notice to be signed on its be	half by the	undersigned				
Issuer (I	Print or Type)	Signature Date						
ECC RE	GENCY, LLC	SEPTEMBER	<b>2</b> <u>)</u> , 200	6				
Name (F	rint or Type)	Hitle (Print or Type)						

MANAGER

#### Instruction:

DAVID A. PETERS

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AI	PENDEX -				
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No
AL									
AK				,					
AZ									
AR				· · · · · · · · · · · · · · · · · · ·					
CA		X	Membership Units	0	\$0.00	0	\$0.00		×
СО									
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МА									
Mì									
MN									
MS									

### APPENDIX 2 3 4 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Yes No Amount Amount MO MT NE NV NH NJ NM0 Membership Units \$0.00 \$0.00 X NY NC ND ОН OK OR PA RI SCSD TN TX UT VT VA WA wv

wı

APPENDIX									
1	1 2 3  Intend to sell and aggregate offering price offered in state (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			4  Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State WY	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									